

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-585-673

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1 4				
6		4 1				
7		1 4				
8		4 1				
9		1 4				
10		4 1				
11		1 4				
12		①				
13		1 ①				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1 3				
22		2 1				
23		1 ①				
24		① 1				
25		1 ①				
26		① 1				
27		①				
28		① 1				
29		① ①				
30		①				
31		①				
32		1				
33		1				
34		1 1				
35		1				
36		4 4				
37		4 4				
38		4 4				
39		4 4				
40		4 4				
41		4 4				
42		4 4				
43		①				
44		①				
45		1				
46		1				
47		1				
48		1				
49		1				
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		2				
53		2				
54		①				
55		①				
56		①				
57		①				
58		①				
59		1				
60		1				
61		1				
62		3 1				
63		1 ①				
64		1				
65		1				
66		1				
67		1				
68		1				
69		1				
70		1				
71		1				
72		1				
73		2				
74		2				
75		①				
76		①				
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	33	←		←		←
TOTAL CLAIMS	35					